

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
107018189

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3		2	/	/		
4		1	/	/		
5		1	/	/		
6	/		/			
7	/		/			
8	/		/			
9	/		/			
10	/		/			
11	/		/			
12		1	/	/		
13	/		/			
14	/		/			
15	/		/			
16	/		/			
17	/		/			
18	/		/			
19		4	/	/		
20		1	/	/		
21		1	/	/		
22	/		/			
23	/		/			
24		2	/	/		
25		1	/	/		
26	/		/			
27	/		/			
28	/		/			
29		3	/	/		
30		3	/	/		
31			/			
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45			/			
46			/			
47			/			
48			/			
49			/			
50			/			
TOTAL IND.	19	↓	19	↓		↓
TOTAL DEP.	20	↓	52	↓		↓
TOTAL CLAIMS	39		71			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS